

Internal Jugular Line Placement Annotations (C)

- **Operator:** gown, glove and mask.
- **Patient:** in Trendelenburg or flat with head turned toward opposite side to achieve maximum exposure of sternocleidomastoid triangle.
- **Prep:** Prep a large area in case you need to go from IJ to subclavian or vise versa. Prep from submandibular area to shoulder to ipsilateral nipple and including sternum.
- **Technique:** Prior to threading the larger catheter, thread an 18 gauge catheter unless that patient is too large and/or the vein too deep. You can use this to determine if you are in an artery prior to threading the larger catheter.
- **Tips that you are in the artery:**
 1. Bright red blood that moves the syringe under its own pressure.
 2. Attach a stopcock to catheter and then attach 52k tubing to the stopcock and hold the tubing upright. If the tubing pulsates out of the catheter you can assume you are in the artery. In patients with severe CHF and/or severe tricuspid regurgitation, you may get blood going to the end of the catheter but it usually does not pulsate out.
- If you are in the artery, pull the catheter and hold pressure until bleeding and swelling of the area stops.
- If you are in the vein: remove stopcock and 52k tubing; thread wire through catheter; pull 18 gauge catheter and thread large catheter; pull wire, flush catheter, and obtain stat CXR to assure line acceptable line placement and that there is no pneumothorax.